Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15 3.

Date:	<u>9-16-2008</u>	Address:	8230 THORNBURY
Case #:	<u>45-48894</u>		<u>NEW SALISBURY IN 47161</u>
County:	<u>HARRISON</u>		
Type of Laboratory Seizure (check one) Operational Lab Chemical/Glassware/Equipment (only)		Seizure Location (Residence Outbuilding	check all that apply) Hotel/Motel Open – No Structure
Dumpsi	ite (only)	☐ Vehicle	Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): Red Phosphorous/Iodine Reaction(s): BEDROOM Flammable Solvents: BEDROOM, LIVING ROOM Water Reactive Metal (Lithium): Anhydrous Ammonia: Hydrochloric Acid Gas Generator(s): BATHROOM Corrosive Acid: BEDROOM, BATHROOM Corrosive Base: BATHROOM Other (item and location):			
Child under age 18 discovered (check one) Investigative Information ☐ Yes (number present) ☐ Ephedrine/Pseudoephedrine Tracking Lo ☑ No ☐ Retail/Merchant Tip *If yes, fax report to Child Protective Services ☒ Other:			
This report is to be faxed to the following agencies that serve the location:			
-	tment: RAMSEY FIRE	Fax: <u>738-2</u> Fax: <u>7</u> 38-4	
•	partment: HARRISON CO	Fax: N/A	
Child Prote	ection Service: <u>HARRISON CO</u>		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: K.M SMITH Phone 812-246-5424			

- ** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- *** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.